Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL065034 07/13/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CASTLE HAYNES ROAD CASTLE CREEK MEMORY CARE CASTLE HAYNE, NC 28429 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X6) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Dennis Responses to the cited deficiencies does not Harrell on 7-13-2016. constitute an admission or agreement by the facility of truth of the facts alleged or conclusions set forth in the Statementof Deficiences or Corrective Action Records indicate this facility was first licensed on Report; the plan of correction is prepared solely as a 9-1-1982 as a Home for the Aged. The facility is matter of compliance. currently licensed as a 84 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (Revision 4) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1977 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. C 133 Bathrooms-Hand Grips C 133 Safety bar was installed in shower. Staff will monitor 8-16-16 and maintenance orders will be entered promptly. SECTION 0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents: This Rule is not met as evidenced by: Based on observation, there were no hand grips provided at any of the 4 showers in the bathrooms off the hall. C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(a) Adult care homes shall:

TITLE TB aldwin

(X6) DATE 9-1-16

STATE FORM

Executive Director

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING: 01 COMPLETED B. WING HAL065034 07/13/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

4724 CASTLE HAVNES BOAD

CASTLE CREEK MEMORY CARE 4724 CASTLE HAYNES ROAD CASTLE HAYNE, NC 28429				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XB) GOMPLETE DATE
C 166	Continued From page 1 (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.	C 166		
	This Rule is not met as evidenced by: 1. Based on observation, there was no handle provided on the outward opening exterior gate in the courtyard. The gate is equipped with Special (magnetic) locking connected to the fire alarm system. With no handle provided, it is difficult to close the gate after testing the fire alarm system.		Courtyard gate handle was replaced. Future maintenance orders will be entered promptly.	8-16-16
	 Based on observation, a wall and a corner were damaged in the shower room on the right near room 13. The damaged areas could present a laceration hazard. 		New vinyl covering installed over damaged area. Future maintenance orders will be entered promptly.	8-16-16
	Based on observation, the exterior exit paths were not maintained uncluttered and free of obstructions. Finding includes; The exit path at the gate from the secure courtyard was obstructed with a chair.		All obstructions moved from exterior exit paths. Future maintenance order will be entered promptly.	8-16-16
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189		

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f. Corridor near room nurse station,
 g. All 4 fixtures in Activity room.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL065034 B. WING 07/13/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4724 CASTLE HAYNES ROAD CASTLE CREEK MEMORY CARE CASTLE HAYNE, NC 28429 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 Continued From page 3 C 189 Based on observation, the magnetic Mag. Lock door was replaced and in working order. 8-16-16 hold-opens on all the cross-corridor smoke Door will be checked weekly. All maintenance orders will be entered promptly. barrier doors released when activated by the fire alarm system but re-energized when the fire alarm system was silenced. Magnetic hold opens must not re-energize until the fire alarm system is fully reset. Maintenance will check weekly 6. Based on observation, the fire alarm system Fire Alarm system tested and in working order. Alarm 8-23-16 started working again after testing but it failed to will be tested routinely. All maintenance orders will be enetered promptly. reset properly as required. Fire alarm systems that do not operate properly, could fail to activate in an actual fire. Maintenance will check weekly 7. Based on observation, 2 duct mounted smoke Smoke detectors were inspected and the boiler room i 8-23-16 is accessible. Area will be monitored routinely. All detectors were installed in the boiler room but no maintenance orders will be entered promply. access doors were provided to allow inspection and cleaning. Duct mounted smoke detectors that are not periodically inspected and cleaned may fail to activate in an actual fire. 8. Based on observation, several corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: Maintenance will check weekly a. Both of the cross-corridor smoke barrier doors (a.-c) Barrier doors and all door repaired and in 8-16-16 working order. Doors will be inspected routinely. near the MCM office failed to latch when closed. All maintenance orders will be entered promptly. b. The cross-corridor smoke barrier doors near room 33 would not close fully when activated by the fire alarm system. c. Doors to rooms 6, 25 and 30 will not latch when closed. d. Hole beside the latchset through the door to (d.) Hole repaired. Area will be monitored. All mainten- 8-16-16 the breakroom. ance orders will be entered promptly.

Division of Health Service Regulation

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